

# ORAL HEALTH PROGRAM

Program Boundary Statement – *will come out in separate correspondence*

Program Quality Criteria– *will come out in separate correspondence*

Program Objectives

**2007 Oral Health Program Template Objectives**  
**Childhood Caries Prevention**

**Objective Statement:** By December 31, 2007, **(insert number)** children ages 6 months to 5 years will receive early childhood caries prevention services from **(insert name)** Health Department.

**Deliverable:** A report to document, by child's age and type of service, the early childhood caries prevention services provided by **(insert name)** Health Department.

**Context:** The following early childhood oral health preventive services are integrated into primary health care visits: 1) anticipatory guidance for parents and other caregivers, 2) an oral assessment for infants and children ages 6 months through 5 years, 3) fluoride varnish applications (up to 4 applications per year per child), and 4) referral to a dentist if necessary. It is recommended that outreach be done for services to infants and young children to sites such as health clinics, WIC Program, Head Start or Early Head Start, and child care programs.

**Data Source for Measurement:** SPHERE Individual/Household Report to include the MCH Required Demographic Data and data from the following screens: Oral Health Assessment, Fluoride Assessment, Fluoride Varnish (no detail screen), Health Teaching (Oral Health), and Referral and Follow-Up/Results.

**For Your Information:** DHFS resource *Fluoride Varnish Application for Children Sample Agency Protocol*. Staff training, technical assistance and materials are available through the DHFS Oral Health Program. Contact Warren LeMay, Chief Dental Officer at (608) 266-5152 or [lemaywr@dhfs.state.wi.us](mailto:lemaywr@dhfs.state.wi.us).

**2007 Oral Health Program Template Objectives****Third Grade Oral Health Open Mouth Assessment/Survey**

**Objective Statement:** By December 31, 2007, **(insert number)** third grade children will participate in an oral health survey utilizing an open mouth assessment conducted by **(insert name)** Health Department to determine the oral health status and needs of this population.

**Deliverable:** A report to document findings of the survey conducted by **(insert name)** Health Department utilizing an open mouth assessment of third grade children from a random sample of schools sorted by percentage of free and/or reduced price meal program participation.

**Context:** The oral health survey will follow the Basic Screening Survey protocol. Local health departments must collaborate with the Department of Health and Family Services Oral Health Program for survey planning, implementation and evaluation. Technical assistance includes but is not limited to selecting the sample, collecting data and survey analysis.

**Data Source for Measurement:** SPHERE Individual/Household Report to include the MCH Required Demographic Data and data from the following screens: Oral Health Assessment and Referral and Follow-Up/Results.

**For Your Information:** In 2001-2002, a statewide representative random sample of third grade children ("Make Your Smile Count Survey") was conducted by the Department of Health and Family Services (DHFS). This survey report provides a statewide and regional analysis of the oral health status of third grade children including, untreated dental caries, caries experience, dental sealant prevalence and treatment urgency. County surveys may be compared with state and regional data as a part of an oral health needs assessment. Staff training, technical assistance and material are available through the DHFS Oral Health Program. Contact Warren LeMay, Chief Dental Officer at (608) 266-5152 or [lemaywr@dhfs.state.wi.us](mailto:lemaywr@dhfs.state.wi.us).

**2007 Oral Health Program Template Objectives**  
**Oral Health Assessment and Sealants**

**Objective Statement:** By December 31, 2007, (insert number) children who have their first and second permanent molars and are not Medicaid eligible will receive an oral health assessment, dental sealants and referral from (insert name) Health Department for necessary restorative treatment needs.

**Deliverable:** A report to document the number of those children who have their first and second permanent molars, are not Medicaid eligible, and received oral health assessment, dental sealants and referral from (insert name) Health Department for necessary restorative treatment needs.

**Context:** School-based dental sealant programs are evidence-based prevention strategies that prevent dental caries (cavities) in the pits and fissures of permanent molars. The children targeted by this objective are usually second and sixth or seventh graders.

**Data Source for Measurement:** SPHERE Individual/Household Report to include the MCH Required Demographic Data and data from the following screens: Oral Health Assessment, Dental Sealants (no detail screen), and Referral and Follow-Up/Results.

**For Your Information:** A dentist or dental hygienist must screen, determine the need for, and place dental sealants. DHFS resource *Sealant Sample Agency Protocol*. Technical assistance is available through the DHFS Oral Health Program. Contact Warren LeMay, Chief Dental Officer at (608) 266-5152 or [lemaywr@dhfs.state.wi.us](mailto:lemaywr@dhfs.state.wi.us).

**2007 Oral Health Program Template Objectives**  
**School-Based Fluoride Mouthrinse Program**

**Objective Statement:** By December 31, 2007, **(insert number)** children ages 6 years or older from non-fluoridated communities will participate in a weekly school-based fluoride mouthrinse program administered by **(insert name)** Health Department.

**Deliverable:** A report to document, by age and community, the number of children who participated in a school-based fluoride mouthrinsing program administered by **(insert name)** Health Department.

**Context:** School-based fluoride mouthrinsing programs are evidence-based prevention strategies that prevent dental caries (cavities). The children targeted by this objective are usually first through sixth graders; however, it is also appropriate for seventh and eighth graders. School-based fluoride mouthrinsing programs are not indicated in fluoridated communities or where the natural fluoride level is at an appropriate level.

**Data Source for Measurement:** SPHERE Community Report to include the data from the following screens: Community Activity (all appropriate fields) and Fluoride Mouthrinse (no detail screen).

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**2007 Oral Health Program Template Objectives**  
**School-Based Fluoride Supplement Program**

**Objective Statement:** By December 31, 2007, **(insert number)** children ages 6 months through 16 years from non-fluoridated communities will participate in a dietary fluoride supplement program administered by **(insert name)** Health Department.

**Deliverable:** A report to document, by age and community, the number of children who participated in a dietary fluoride supplement program administered by **(insert name)** Health Department.

**Context:** The target population for this program is children from age 6 months to 16 years. The children targeted must not have access to fluoridated water or have natural fluoride levels at or above certain concentration levels for specific age groups. Water sources must be tested to determine the fluoride content prior to determining the dosage for dietary fluoride supplements. In other words, this program is targeted to children in non-fluoridated communities or rural areas with low natural fluoride in the water.

**Data Source for Measurement:** SPHERE Community Report to include the data from the following screens: Community Activity (all appropriate fields) and Fluoride Supplement (no detail screen).

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